

Print or type with ELITE type (12 characters/inch) in the unshaded areas only.



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.  
NAME OF INSTALLATION  
INSTALLATION MAILING ADDRESS

US EPA RECORDS CENTER REGION 5



395201

PLEASE PLACE LABEL IN THIS SPACE

000009 AUG 18 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER  
1000607171621  
APPROVED  
1  
DATE RECEIVED (yr., mo., & day)  
800818

NAME OF INSTALLATION

SON KIPP CORPORATION

INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

BOX 3037

CITY OR TOWN

WILSON

ST.

WI

ZIP CODE

53704

LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

WAUBESA STREET

CITY OR TOWN

WILSON

ST.

WI

ZIP CODE

53704

INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

FUMACHER MARVIN SAFETY DIR

PHONE NO. (area code & no.)

608-244-3511

OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

SON KIPP CORPORATION

TYPE OF OWNERSHIP (enter appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

FEDERAL  
NON-FEDERAL

R

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

FIRST OR SUBSEQUENT NOTIFICATION

Enter "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

WI 10006071716

DESCRIPTION OF HAZARDOUS WASTES

Go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

5	W	I	D	0	0	6	0	7	1	7	1	5	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14

## DESCRIPTION OF HAZARDOUS WASTES (continued from front)

HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary clinics, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## CERTIFICATION

I, under penalty of law that I have personally examined and am familiar with the information submitted in this and all related documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I certify that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE  EDWIN M. SCHUMACHER	NAME & OFFICIAL TITLE (type or print) SAFETY DIRECTOR	DATE SIGNED 13 AUG 1980
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